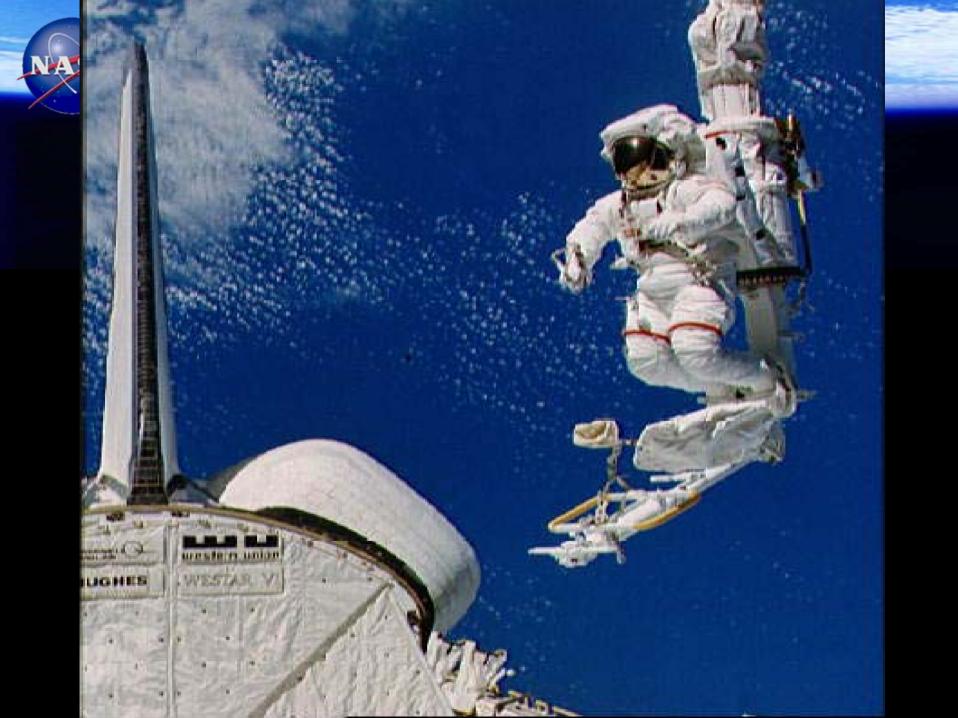
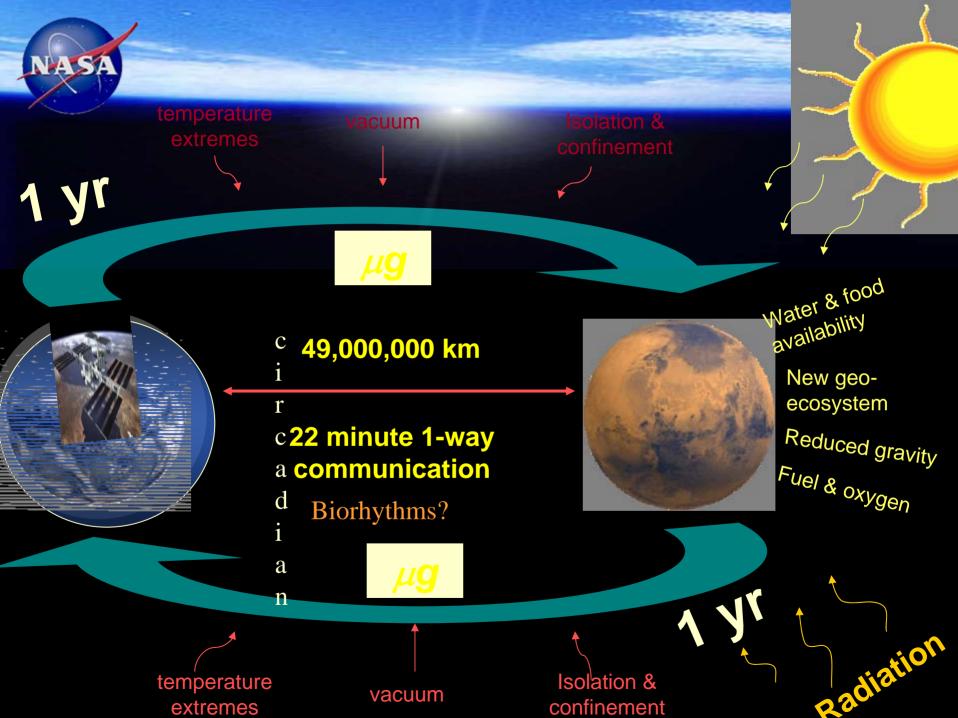
Health and Medical Risks in Exploration

Rich Williams MD, NASA Chief Health and Medical Officer



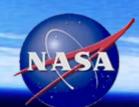




Analogue Environments



- ➤ WWhere are
 the climbers?
 ➤ AAre they
 moving?
 ➤ WWhat is their
 heart rate?
- >AAre they becoming hypothermic?



Physiology of Spaceflight

Psychological

Neurosensory & Neuromotor

Muscle atrophy

Fluid Shifting

Cancer risk*

Cataract risk

Psychosocial/cultural

Cardiovascular/ Pulmonary

Endocrine/Immune/Hematology

Bone loss



Critical Risk Areas For Human Health

- Radiation
- Bone Loss, Muscle Alteration and Atrophy
- Psychological Challenges
- Injury and Illness
- Space Motion Sickness
- Cardiac Physiology, Orthostatic Intolerance
- •Immunology, Infection and Hematology
- Nutrition
- Neurovestibular Changes
- Circadian Disturbances



High Risk/Extreme Environment

Health emergencies may occur in flight as on the ground Medical care highly limited Short duration flight risks

Adaptation to microgravity

Psychosocial issues

Decompression sickness

Spacecraft decompression

Fire

Temperature extremes, radiation, toxicology

In flight medical problems

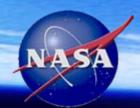
Long duration flight risks

Chronic debilitating or life threatening diseases

Health risks on return to Earth

Emergency egress liability

Re-adaptation to terrestrial environment/rehabilitation



Space Medical Care: Illness and Injury in Space, US and Russian

- Heart rhythm disturbances
- Infections
- Toxic spills
- Physical fatigue: assistance required to ingress space station during EVA
- Irritated airway after a fire
- Burn injury
- Rapid cabin depression secondary to breach of hull
- Eye injury/irritation
- Dental problems
- Skin problems
- Fatigue: Contributor to Mir/Progress collision
- Possible Decompression Sickness (Bends)
 - Collins, Carrying the Fire: An Astronaut's Journey, Cooper Square Press, 1974



Spontaneous Medical Events - Ground

Cardiac Arrythmias

Angina

Allergic reactions

Ophthalmologic problems

Appendicitis

Diverticulitis

Gallbladder disease

Pancreatitic inflammation

Ulcers

GI bleeding

Spine problems

Urinary stones

Infections

Hernia

Joint problems

Pneumonia

Malignancies

Adapted from: Johnston, et al, 2000 (submitted for publication)



NASA Health Criteria

Maintain health and wellbeing before, during, and after mission

Ensure rapid re-adaptation to gravitational forces





NASA Medical Care Criteria

Ability to treat crew members and return them to duty

Minimize impact on remainder of crew

Provide for stabilization and evacuation (in LEO)

Provide for crew safety

Provide for remote

consultation

Provide autonomous care







NASA Health Care Approach

- Provide for healthy crews
 - Emphasis on prevention
 - Selection criteria
 - Limited contact immediately before mission
- Maintain health and well-being during a mission
- Stabilize and evacuate in cases of critical injury or illness in flight
- Ensure rapid re-adaptation to gravitational forces on return









Current Practice

Pre-flight

- Annual evaluations
- Preventive care
- Monitoring

In-flight

- Daily Personal Medical Conference (PMC)
- Periodic health & environmental monitoring (also during critical mission operations)
- On-board crew medical officer
- Health maintenance measures as indicated, & follow-up

Post-flight • Care & follow-up until recovery





ISS004-E-8510 (11 March 2002) --- Astronaut Carl E. Walz, Expedition Four flight engineer, performs cardio-pulmonary resuscitation (CPR) on a jerry-rigged "human chest" dummy in the Destiny laboratory on the International Space Station (ISS).



ISS004E8510



CPR in Space

ISS004-E-8504 (11 March 2002) --- Astronaut Daniel W. Bursch, Expedition Four flight engineer, performs cardio-pulmonary resuscitation (CPR) on a jerry-rigged "human chest" dummy in the Destiny laboratory on the International Space Station (ISS).



CCOO4EREDA



Space Medicine Ultrasound Training & Practice - Minimal (30-60 min)



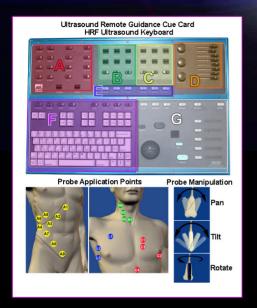








Space Medical Care Development: Ultrasound for Diagnosis











Communications Factors

IMAGE DEGRADATION SATELLITE SATELLITE INTERRUPTIONS

SATELLITE DELAY (>2 sec.) Voice Reference Files Procedures

Voice
Real-time video (US)
Real-time video (other?)

Files (stills and cine)

Recorded Video





Calling Earth

Uranus 151-168 min. 1693 million km

Mercury
5-12 min.
57 million km

Jupiter 34-52 min. 391 million km

Neptune 241-259 min. 2706 million km

Saturn 71-88 min. 795 million km

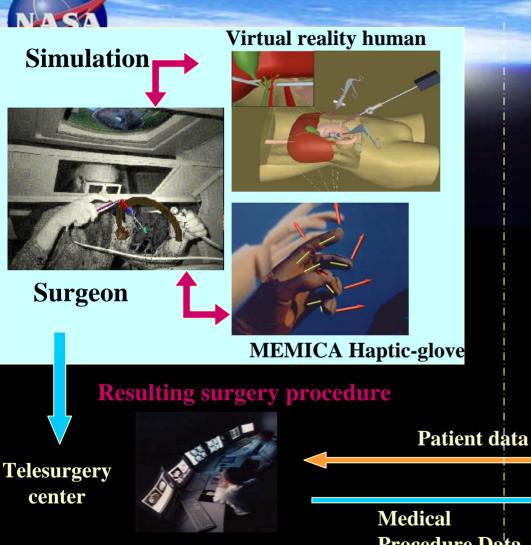
Pluto 320-337 min. 3573 million km

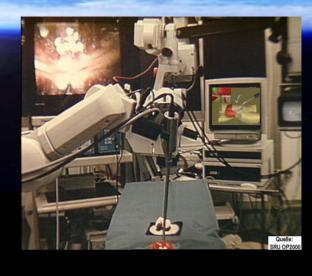
Mars 4-22 min. 49 million km

* Mean distances from Earth

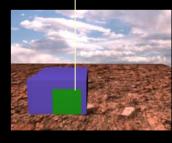
Venus 2-15 min. 26 million km

Earth/MarsTelesurgery?





Robot performing surgery on the patient



Mars surgery center





Medical
Procedure Data

55,7 Million Km (22 min.)



Future of Health Care in Space: Exploration Class Missions

From telemedicine to autonomous health care

Adaptive Automation

Multipurpose Tactile Interface

Biosensors for environmental and physiologic monitoring

Genetic profiling

Genetic diagnosis

Genetic vaccines



Tissue engineering



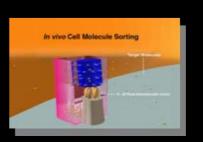
Hair cell sensors

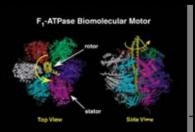
Biologically-Inspired Robots
Biotech based immunotherapy
Functionally-Adaptive Biomimetics
Nanomachines
Cell herding, genetic surgery
Biologically based nanocomputers
Artificial intelligence

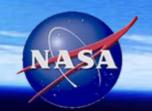
Biomotors

Virtual physician

Smart/haptic systems







H&M Risk Management in Transformed NASA

CHMO as Independent Technical Authority

- Standards development and promulgation
 - Standards serve as de facto declaration of acceptable risk
 - Standards serve as basis for biomedical research requirements and health related systems requirements
- Health related requirements review and concurrence/approval
- Waiver authority
 - Warrant system parallels that of Chief Engineer
- Review and approval of health related research deliverables for NASA medical practice

Office of Exploration Systems

- Biomedical research requirements development
- Health related systems requirements development
- Biomedical research/tech development products and deliverables
- Systems development and acquisition



H&M Risk Management in Transformed NASA

Office of Space Operations

- Operates crew health system
 - Provides care pre-flight, in-flight and post flight
 - Performs biomedical research in-flight, including validation of deliverables
- Assists in development of biomedical research requirements and systems requirements
- Warrants

Health Systems Working Group

- HQ based cooperative effort
- CHMO, OESD, OSO
- Forum for coordinating all crew health related efforts at highest level



Health Standards Development

- Parallels OSHA process
 - Identify need for standard
 - Internal development, external review, approval
- Permissible Exposure Limits
 - Microgravity induced physiological changes
 - Radiation, Noise
- Maximum Allowable Concentrations
 - Toxicants, trace contaminants
- Fitness for Duty Criteria
 - Psychiatric/behavioral health concerns
 - Deconditioning
 - Task related
- "Frame" level of medical care for exploration

Health Standards



- Standards = foundation
- Requirements
 - Biomedical research/development requirements
 - Systems requirements
 - Level of Medical Care
 - Standard of Care
- Systems development/acquisition
- Systems operation
- Waiver authority
 - Parallel Chief Engineer processes



Bone Loss in Astronauts

- Acceleration of age-related osteoporosis
- Fracture & impaired fracture healing
- Injury to soft connective tissue, joint cartilage, and intravertebral disc rupture with or without neurological complications
- Renal stone formation

Note: bone formation and bone resorption are normally coupled on Earth and are thought to uncouple in space flight



Osteoporosis - Definitions

Typical 6 month space flight

Desired zone (minimal risk)

Osteopenia Precaution (Rx or C/M)

Danger

+ 1.0 SD

100% of national average for age & sex related BMD

- 1.0 SD

- 2.5 SD

Normal

• BMD is within +1 or -1 SD of the young adult mean

Osteopenia (low bone mass)

• BMD is between -1 and -2.5 standard deviations below young adult mean

Osteoporosis

• BMD is -2.5 SD or more than the young adult mean

Severe osteoporosis

- BMD is more than -2.5 SD and one or more osteoporotic fractures have occurred
- * WHO definitions of osteoporosis based on DXA measurement at hip or spine



Osteoporosis Risk Factors

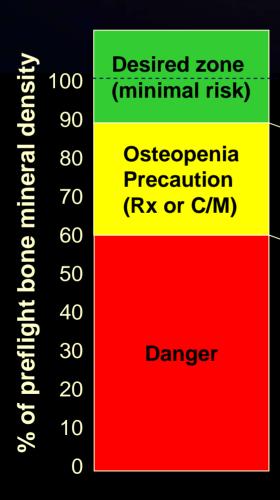
(normal population)

- Personal history of fracture after age 50
- Current low bone mass
- History of fracture in a 1st degree relative
- Female
- Thin and/or small framed
- Advanced age
- Family history of osteoporosis
- Estrogen deficiency as a result of menopause, especially early or surgically induced

- Amenorrhea
- Anorexia nervosa
- Low lifetime calcium intake
- Vitamin D deficiency
- Use of certain medications, such as corticosteroids and anticonvulsants
- Presence of certain chronic medical conditions
- Low testosterone levels in men
- Inactive lifestyle
- Current cigarette smoking
- Excessive use of alcohol
- Caucasian or Asian heritage



Example: Evaluation of Bone Countermeasure



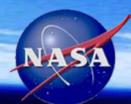
Nominally 1.0 g/cm² by DEXA successful countermeasure(s)

Mir experience
-1.5% per month * 6 Months = -9%
marginally acceptable countermeasure(s)

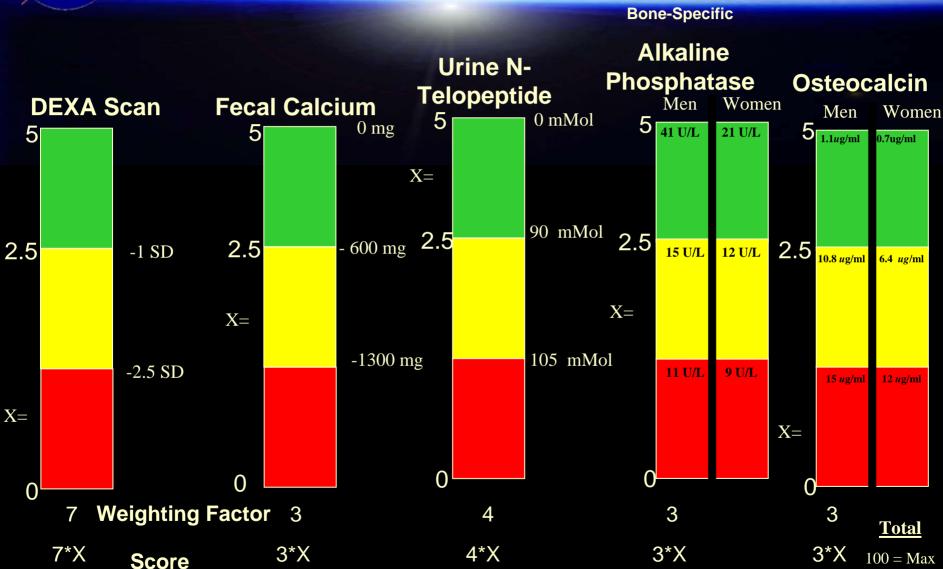
Clinically abnormal
40% below norm (~0.5 g/cm² by DEXA)
Unacceptable countermeasure(s)

Potential Countermeasures:

- -Resistive Exercise
- -Pharmaceuticals
- -Artificial Gravity



Space Flight Bone Mineral Index





Human Space Flight Research Improves Health on Earth

- Medical telemetry developed to monitor astronauts was incorporated into the standard care for Intensive and Cardiac Care Units (ICUs and CCUs). Commonly monitored parameters via telemetry are EKG, body temperature, blood pressure, respiration, and oxygen saturation. In the CCU, after this was incorporated, death rates were reduced from roughly 30% to roughly 7% for people who had suffered heart attacks (the extent of this reduction that is attributable to NASA is not able to be quantified).
- Bone density measurement -NASA catalyzed the development of
 the bone measurement devices that
 are now used for the diagnosis and
 following therapy to prevent
 fractures in older people with
 osteoporosis.

